

## **APPLICATION FOR ELECTRICAL PERMIT**

This form is used for new work and changes to existing electrical systems.

**A new service or a service upgrade requiring a cut & tap at the street connection must be done by a master electrician (E1) or by the power company**

**APPLICATION FOR ELECTRICAL PERMIT**  
TOWN OF NEWINGTON 131 CEDAR STREET, NEWINGTON CT 06111  
TEL. 860-665-8580 FAX 860-665-8577 -BUILDING DEPARTMENT  
**APPLICATION MUST BE FILLED OUT COMPLETELY IN INK**

JOB LOCATION:\_\_\_\_\_

CONTRACTOR'S NAME\_\_\_\_\_TEL. NO.\_\_\_\_\_

ADDRESS\_\_\_\_\_CITY\_\_\_\_\_

\_\_\_\_\_STATE\_\_\_\_\_ZIP\_\_\_\_\_STATE LIC. NO.\_\_\_\_\_

(HOME) OWNER\_\_\_\_\_TEL. NO.\_\_\_\_\_

(HOME) OWNER ADDRESS\_\_\_\_\_

DETAILED DESCRIPTION OF WORK TO BE PERFORMED:\_\_\_\_\_

**FOR A SERVICE CHANGE, A HOMEOWNER CANNOT CUT & TAP. A CUT AND TAP MUST BE DONE BY AN E-1 ELECTRICIAN WITH A PERMIT OR THE POWER COMPANY.**

TOTAL VALUE OF WORK TO BE PERFORMED \$\_\_\_\_\_

TYPE OF BUILDING:RESIDENTIAL\_\_\_\_\_COMMERCIAL\_\_\_\_\_OTHER\_\_\_\_\_

TYPE OF JOB: SERVICE CHANGE\_\_\_\_\_NEW CONSTRUCTION\_\_\_\_\_

ALTERATION\_\_\_\_\_ADDITION\_\_\_\_\_DEMOLITION\_\_\_\_\_

FOR SERVICE CHANGE/ SIZE OF NEW MAIN SERVICE DISCONNECT\_\_\_\_\_AMPS

NEW CONSTRUCTION: NEW SERVICE CONDUCTOR SIZE\_\_\_\_\_TYPE \_\_\_\_\_

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT. ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTIONS.**

SIGNED:\_\_\_\_\_

(Applicant)

(Date)

(Telephone No.)

Please print name\_\_\_\_\_

ELECTRICAL PERMIT FEE \$\_\_\_\_\_

RECEIVED BY:\_\_\_\_\_

TOTAL PAID \$\_\_\_\_\_

DATE:\_\_\_\_\_

APPROVED BY:\_\_\_\_\_

DATE:\_\_\_\_\_

PERMIT NO.\_\_\_\_\_